

**El Dorado County Fire Safe Council**  
**2020 Application for Defensible Space Assistance Program**  
**For Seniors, Veterans or Those with Low Income**

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Community: \_\_\_\_\_ Phone: \_\_\_\_\_

Assessor's Parcel Number (can be found on tax bill): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Hold Harmless:** I understand that the EDCFSC is helping me to clear around my **primary** residence to assist in compliance with Public Resources Code 4291 and/or El Dorado County Ordinance No. 5101. I, the landowner(s) shall not hold the EDCFSC or the contracted service providers responsible for any damage to property or injury to persons that may arise out of the work performed or that may result from a wildland or other fire. I shall defend and hold EDCFSC and their designated contractor(s), their officers, boards and commissions, and members thereof, and their employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of damage to property, or any economic or consequential losses which are claimed to, or in any way arise out of, or connected with EDCFSC's or their designated contractor's service, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of EDCFSC or employees of any of these or their designated contractors, except as expressly prohibited by statute. I authorize members of EDCFSC, their contractors and agents right of entry onto the property identified in this document.

**If the landowner is not the resident of the home having defensible space development or maintenance work, the owner will sign and agrees to the attached Owner Consent form. This form must be returned to EDCFSC before an evaluation can be done.**

**I am a (check all that apply)**

- Veteran (or Veteran's Widow/Widower): a copy of DD214, El Dorado County Veteran Identification Card or Department of Defense Identification Card must be shown during the on-site defensible space evaluation.
- Senior: proof of age over 60 must be shown during the on-site defensible space evaluation
- Low Income: Maximum Annual Household Income Limits-1 person = \$31,950, 2 persons = \$36,540, 3 persons = \$41,100, 4 persons = \$45,660

**By signing this agreement, you affirm that you are financially and physically unable to develop defensible space around your residence.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is unable to fill out this form, name of person submitting on behalf of the applicant:**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail applications to: EDCFSC Defensible Space Program, P.O. Box 1011, Diamond Springs, CA 95619  
Or e-mail to: defensiblespaceprogram@gmail.com  
Questions can be e-mailed to defensiblespaceprogram@gmail.com or left on the answering machine at (530) 647-1700